

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814

April 16, 1984



To: All County Welfare Directors

Letter No. 84-15

Reference: California Medical Assistance Program - Medi-Cal Brochure

The purpose of this letter is to inform counties that the latest revision of the California Medical Assistance Program - Medi-Cal Brochure is now available. Orders that were held pending printing of the new version are now being processed by the Warehouse. Counties wishing to order may now do so.

When filling out your order (Form DHS 2031) please ask for the California Medical Assistance Program - Medi-Cal Brochure. Attach two (2) return address labels to the order and mail to:

714 P Street, Room 1692  
Sacramento, CA 95814  
C/O Sherilyn G. Walden

Your cooperation will ensure quick response in honoring your request.

If you have any questions, please contact Sherilyn Walden at (916) 445-1912.

Sincerely,

Original signed by

Caroline Cabias, Chief  
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants